

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000060179

Entity Name: DHILLON GROUP, LLC

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

862 SE 25TH ST.  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

1212 HWY 70 EAST  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

862 SE 25TH ST.  
OKEECHOBEE, FL 34974

**New Mailing Address:**

1212 HWY 70EA ST.  
OKEECHOBEE, FL 34972

FEI Number: 27-0100563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DHILLON, PANKAJ  
210 SW WHITEWOOD DRIVE  
PORT ST LUCIE, FL 34953      US

**Name and Address of New Registered Agent:**

DHILLON, PANKAJ  
830 SE 25TH STREET  
OKEECHOBEE, FL 34974      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PANKAJ DHILLON

10/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PATEL, DILIP  
Address: 862 SE 25TH ST.  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DILIP PATEL

MGR

10/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date